Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: __ B. WING 02/10/2020 IL6016356 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 960 AUDUBON WAY RADFORD GREEN LINCOLNSHIRE, IL 60069 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 000 S 000 Initial Comments Facility Reported Incident of 2/4/20/IL119916, investigation S9999 S9999 Final Observations Statement of Licensure Violation 300.1210b)5) 300.1210d)6) 300.3240a) Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures: 5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following Attachment A and shall be practiced on a 24-hour, Statement of Licensure Violations seven-day-a-week basis:

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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| 29999 | 6) All necessary preasure that the result as free of accident nursing personnels that each resident and assistance to present and assistance to present as free of a facility suresident. These Regulations Based on interview staff failed to safely facility failure result of her right lower less that she was adminimized in the samp. The findings included that she was adminimized with diagnoses that virus, chronic obstantistory of falling, on syndrome, history | ecautions shall be taken to idents' environment remains hazards as possible. All shall evaluate residents to see receives adequate supervision prevent accidents. Abuse and Neglect see, administrator, employee or hall not abuse or neglect a see were not met as evidence by: y and record review the facility y transfer a resident. The ted in R1 sustaining a fracture eg. f 3 residents (R1) reviewed for le of 3. | | | | |
| | said that R1 came using sit to stand I facility and needed before returning the R1 practiced with | B AM, V3 (Physical Therapy) in for therapy due to previously ift machine at an assisted living d to be able to use it again here. V3 said that during therapy the sit to stand, but it was still transfer. R1 had limited range | | | | |

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| | of motion to her upper extremities and was not able to bear weight because of pain in her feet. | | | | | |
| | | | | | | ļi. |
| | R1 was able to tran | nsfer safely with a slide board. | | | | |
| | | | V | | | |
| | | AM, V2 (Director of Nursing) | | | | ļ. |
| | | in the hospital, and they have | 2 | | | |
| | not gotten any updates on how R1 is doing. She | | | | | U |
| | said that R1 was of | riginally admitted to the facility ay to work on building her | | | | |
| | strength At 10:56 | AM V2 said that the facility | | | | |
| | requires two staff to be present for sit to stand | | | | | |
| | transfers. She said it is important that the resident | | | | | |
| | be able to bear at I | east 50% of their weight, and | | | | |
| | they need upper ex | ktremity strength. V2 said that | | | | |
| | (Certified Nursing Assistants) can get information | | | | | |
| | on a resident's transfer status from the nurse, the Resident Information Sheet which is updated one | | | | | |
| | | k by the Restorative Nurse, | i i | | | |
| | | o do a summary of the | : | | | |
| | residents which Ch | NA's can see on the computers. | 5 | | | |
| | | | | | | |
| | On 2/10/20 at 12:3 | 35 PM, V7 (CNA), said that her | } | | | |
| | co-workers were b | usy with another resident so | | | | |
| | | stand lift machine to change | | | | |
| 84 | R1 by herself. V/ s | said when she started lifting R1, onto the floor. R1 complained | | | | |
| | shout pain to her h | pack and neck from hitting the | | | | |
| | wheelchair during | the fall. V7 said the nurse told | | | | |
| | her to use the sit to | o stand to transfer R1. | | | | |
| | | | | | | |
| | On 2/10/20 at 11:20 AM, V6, Licensed Practical | | | | | |
| | Nurse (LPN), Restorative Nurse, said that he | | | | | |
| | updates the Resid | ent Information Sheet, which | | | | |
| | includes information | on on how to transfer residents, was not on the Resident | | | | |
| | | because she was only at the | | | | |
| | | week. V6 said that if therapy | | | | |
| | | nendations on how to transfer a | | | | |
| | | recommendation should be | | | | |

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ C IL6016356 02/10/2020 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 960 AUDUBON WAY RADFORD GREEN LINCOLNSHIRE, IL 60069 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX** PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 3 S9999 On 2/10/20 at 10:45 AM, V5 (LPN) said that when using any lift there should be two staff present. V5 said that CNA's can obtain direction on how a resident transfers from the nurse or from the Resident Information Sheet that is located at the Nurses Station. At 12:15 PM. V5 said that she was the nurse for R1 the day the accident occurred. She said that she knew V7 was going to need to transfer R1 soon and told her that she would help with the transfer. Next thing she knew, V7 came and told her that R1 had fallen. V5 said she walked in the room and R1 was on the floor on her back with her legs still strapped to the sit to stand lift machine. She was told that R1 hit her head and shoulder on the wheelchair during the fall. V5 said that she and therapy had practiced using the sit to stand with R1 on Monday 2/3/20, but R1 was not able to tolerate it for a long time. She said that therapy was considering using the sit to stand, but they (nursing staff and therapy) were still communicating to CNA's that the slide board was the preferred method of transfer for R1 for safety. On 2/10/20 V8 - V10, (CNAs) stated that they are supposed to use 2 people when using the sit to stand lifting machine. They are told how a resident transfers from the nurse, the Resident Information Sheet (located at the nurse's station), or the care plan. On 2/10/20 at 12:52 PM, V4 (Medical Doctor) stated that he has not seen R1 since she was sent to the hospital. R1 did sustain a right leg fracture, and it is his understanding that the facture was due to the fall that occurred on 2/4/20 at the facility.

Illinois Department of Public Health

R1's x-ray results dated 2/4/20 showed acute

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| | fractures of the right tibia and fibula (lower leg bones). | | | | | |
| | The Physical Therapy Evaluation and Plan of Care for R1, dated 1/29/20, shows that R1 was unable to tolerate the sit to stand lift machine to transfer from bed to wheelchair. The therapist decided to try the slide board technique for which patient was able to transfer from bed to the wheelchair with patient needing max assist. Physical Therapy notes dated 2/3/20 show that R1 was able to practice with the sit to stand machine but was not able to fully transfer from the wheelchair to another surface since patient was not able to support her weight through her feet. The Resident Summary dated 1/29/20 shows that the resident was a total assist by 2 people with a mechanical lift. The Resident Summary dated | | | | | |
| | | the resident was an extensive e (with no mention of using a | | | | |
| | shows "The intender for the safe lifting a from on resting sur recommends that the risk assessed and suitable for patients." | nual for the mechanical lift ed use of this lifting device is and transfer of an individual face to another he transfer of a patient is fully conducted safely", and "is is in the sitting position only the of weight-bearing ability" | | | | |
| | stand lift shows that | ed Competency for a sit to at skills demonstrated include to verbalize importance of 2 a using the lift" | | | | |

(B)